

FILED SEP 29 1942

Registration District No. 891942

Primary Registration District No. 3007

Registrar's No. 265

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
322 N. Broadway /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")  
(d) Street No. 322 N. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nancy Matson Brown

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Harry Thomas Brown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 8, 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days -	If less than one day
	80	4	10	_____ hr. _____ min.

9. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Issac Matson

{ 13. Birthplace Bakersland W. Virginia  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Susan Laura Luce

{ 15. Birthplace Wheeling W. Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sue Brown  
(b) Address 322 N. Broadway

17. (a) Burial (b) Date thereof Aug. 20, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetary

18. (a) Signature of funeral director Frank Undertaking Co.

(b) Address Poplar Bluff, Missouri

19. (a) 8-25-42 (b) Bulle Kune  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 18 year 1942 hour 11 minute 55P M.

21. I hereby certify that I attended the deceased from June 15, 1942 to Aug 18, 1942 that I last saw her alive on Aug 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular

Due to Hypertension

Due to Hypertensive heart disease

Other conditions 82a!  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy none

Duration

4 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. Brooks (M. D. or other)  
Address Poplar Bluff Mo Date signed 8-25-42

RECEIVED  
District Health Office No. 2  
District File Number 942-1129  
Date Filed 9-3-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Lawrence Green  
Licensed Embalmer No. 2964  
P. O. Address. Poplar Bluff Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.